

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Camden District of N.J.

Case number (if known): 20-24138

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

FILED

JANETTE A. MAUGHTON, CLERK

DEC 30 2020

CLERK
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
RECEIVED

2020 DEC 30 P 3:56

Check if this is an
amended filing

Official Form 101

U.S. BANKRUPTCY COURT

CAMDEN, N.J. BY DEPUTY

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *Joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

First name: Clarissa
Middle name: Monica
Last name: Irizarry
Suffix (Sr., Jr., II, III):

About Debtor 2 (Spouse Only in a Joint Case):

First name
Middle name
Last name
Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name
Middle name
Last name
First name
Middle name
Last name

Case #: 20-24138-7INW
Debtor.: CLARISSA MONICA IRIZARRY
Chapter: 7INW

Filed : January 05, 2021 16:41:35
Deputy : JOAN LIEZE
Receipt: 429640
Amount : \$100.00

RELIEF ORDERED
Clerk, U.S. Bankruptcy Court
District Of New Jersey

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 0490
OR
9 xx - xx - _____

xxx - xx - _____
OR
9 xx - xx - _____

Debtor 1

Clarissa monica Irizarry,

First Name Middle Name

Last Name

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

About Debtor 1:

I have not used any business names or EINs.

Business name _____

Business name _____

EIN — — — — —

EIN — — — — —

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name _____

Business name _____

EIN — — — — —

EIN — — — — —

5. Where you live

207 Chestnut Lane

Number Street

Westville, NJ 08093

City State ZIP Code

County Gloucester

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Clarissa Monica Trizarry

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under***Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District _____ When _____ Case number _____

MM / DD / YYYY

District _____ When _____ Case number _____

MM / DD / YYYY

District _____ When _____ Case number _____

MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

MM / DD / YYYY

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Clanssa Monica Trizanny

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Clarissa Monica Trizarry

First Name Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?** No. I am not filing under Chapter 7. Go to line 18. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1

Clarissa Monica Terizzary

Last Name

First Name

Middle Name

Petition Page 7 of 64

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

x

Date

Signature of Attorney for Debtor

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone _____

Email address _____

Bar number

State

Debtor 1

Clanssa Monica Trizarry

First Name Middle Name

Last Name

Case number (if known) _____

For you If you are filing this bankruptcy without an attorney**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X

Signature of Debtor 1

Date

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone _____

Contact phone _____

Cell phone _____

Cell phone _____

Email address _____

Email address _____

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Comd</u> District of <u>N.J.</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B		\$ _____
1b. Copy line 62, Total personal property, from Schedule A/B		\$ _____
1c. Copy line 63, Total of all property on Schedule A/B		\$ _____

Part 2: Summarize Your Liabilities

Your liabilities		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D		\$ _____
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$ _____
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$ _____
		+ \$ _____
Your total liabilities		\$ _____

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I		\$ _____
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J		\$ _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ _____

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____

9d. Student loans. (Copy line 6f.) \$ _____

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____

9g. **Total.** Add lines 9a through 9f. \$ _____

Fill in this information to identify your case and this filing:

Debtor 1 First Name	Clarissa	Middle Name	Monica	Last Name	Trizarry
Debtor 2 (Spouse, if filing) First Name					Last Name
United States Bankruptcy Court for the: <u>Camden</u> District of <u>NJ</u> .					
Case number _____					

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

1.3. Street address, if available, or other description			What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D, Creditors Who Have Claims Secured by Property.	
			<input type="checkbox"/> Single-family home	\$ _____	
			<input type="checkbox"/> Duplex or multi-unit building	\$ _____	
			<input type="checkbox"/> Condominium or cooperative		
			<input type="checkbox"/> Manufactured or mobile home		
			<input type="checkbox"/> Land		
			<input type="checkbox"/> Investment property		
			<input type="checkbox"/> Timeshare		
			<input type="checkbox"/> Other _____		
			Who has an interest in the property? Check one.	Current value of the entire property? Current value of the portion you own?	
			<input type="checkbox"/> Debtor 1 only	\$ _____	
			<input type="checkbox"/> Debtor 2 only	\$ _____	
			<input type="checkbox"/> Debtor 1 and Debtor 2 only		
			<input type="checkbox"/> At least one of the debtors and another		
			Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
			Other information you wish to add about this item, such as local property identification number: _____		
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.			→ \$ _____		
Part 2: Describe Your Vehicles					
<p>Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.</p>					
<p>3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles</p>					
<p><input type="checkbox"/> No</p>					
<p><input type="checkbox"/> Yes</p>					
3.1. Make: <u>Honda</u>			Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D, Creditors Who Have Claims Secured by Property.	
Model: <u>ACURA</u>			<input checked="" type="checkbox"/> Debtor 1 only	\$ _____	
Year: <u>2015</u>			<input type="checkbox"/> Debtor 2 only	\$ _____	
Approximate mileage: <u>90,000</u>			<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: <input type="checkbox"/> Check if this is community property (see instructions)			<input type="checkbox"/> At least one of the debtors and another		
			Current value of the entire property? Current value of the portion you own?		
			\$ <u>30,059</u> \$ <u>7000</u>		
<p>If you own or have more than one, describe here:</p>					
3.2. Make: _____			Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D, Creditors Who Have Claims Secured by Property.	
Model: _____			<input type="checkbox"/> Debtor 1 only	\$ _____	
Year: _____			<input type="checkbox"/> Debtor 2 only	\$ _____	
Approximate mileage: _____			<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: <input type="checkbox"/> Check if this is community property (see instructions)			<input type="checkbox"/> At least one of the debtors and another		
			Current value of the entire property? Current value of the portion you own?		
			\$ _____ \$ _____		

3.3. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

3.4. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

Check if this is community property (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

Check if this is community property (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

Check if this is community property (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 0

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

furniture

\$ 700

7. Electronics*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

TV

\$ 500

8. Collectibles of value*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe.....

0

\$

9. Equipment for sports and hobbies*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....

0

\$

10. Firearms*Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

0

\$

11. Clothes*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe.....

Clothes, shoes

\$ 800

\$

12. Jewelry*Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

Watch

\$ 50

\$

13. Non-farm animals*Examples: Dogs, cats, birds, horses* No Yes. Describe.....

0

\$

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

0

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 2300

\$

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes

Cash:

\$ 400.00

17. Deposits of money*Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes

Institution name:

17.1. Checking account:	\$
17.2. Checking account:	\$
17.3. Savings account:	\$
17.4. Savings account:	\$
17.5. Certificates of deposit:	\$
17.6. Other financial account:	\$
17.7. Other financial account:	\$
17.8. Other financial account:	\$
17.9. Other financial account:	\$

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes

Institution or issuer name:

.....	\$
.....	\$
.....	\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$

0% %

\$

0% %

\$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

\$ _____
\$ _____
\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____

\$ _____

Pension plan: _____

\$ _____

IRA: _____

\$ _____

Retirement account: _____

\$ _____

Keogh: _____

\$ _____

Additional account: _____

\$ _____

Additional account: _____

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes

Institution name or individual:

Electric: _____

\$ _____

Gas: _____

\$ _____

Heating oil: _____

\$ _____

Security deposit on rental unit: _____

\$ _____

Prepaid rent: _____

\$ _____

Telephone: _____

\$ _____

Water: _____

\$ _____

Rented furniture: _____

\$ _____

Other: _____

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes

Issuer name and description:

\$ _____
\$ _____
\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

_____	\$ _____
-------	----------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
State: \$ _____
Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

31. Interests in insurance policies*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$	_____
\$	_____
\$	_____

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.

_____	\$ _____
-------	----------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim.

_____	\$ _____
-------	----------

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

_____	\$ _____
-------	----------

35. Any financial assets you did not already list No Yes. Give specific information.

_____	\$ _____
-------	----------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

_____	\$ _____
-------	----------

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....

_____	\$ _____
-------	----------

39. Office equipment, furnishings, and supplies*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe.....

_____	\$ _____
-------	----------

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

	\$
--	----

41. Inventory

 No Yes. Describe.....

	\$
--	----

42. Interests in partnerships or joint ventures

 No Yes. Describe..... Name of entity:

% of ownership:

_____ %	\$ _____
_____ %	\$ _____
_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$
--	----

44. Any business-related property you did not already list

 No Yes. Give specific information

	\$
	\$
	\$
	\$
	\$
	\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



--

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes

	\$
--	----

48. Crops—either growing or harvested

 No Yes. Give specific information.....

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

	\$ _____
	\$ _____
	\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ _____

Part 8: List the Totals of Each Part of this Form55. Part 1: Total real estate, line 2 → \$ 056. Part 2: Total vehicles, line 5 \$ 30,058

57. Part 3: Total personal and household items, line 15 \$ _____

58. Part 4: Total financial assets, line 36 \$ _____

59. Part 5: Total business-related property, line 45 \$ _____

60. Part 6: Total farm- and fishing-related property, line 62 \$ _____

61. Part 7: Total other property not listed, line 64 + \$ _____

62. Total personal property. Add lines 56 through 61. \$ 23 00 Copy personal property total → + \$ 33,05863. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 33,058

Fill in this information to identify your case:

Debtor 1 First Name	Clarissa	Middle Name	Monica	Last Name	Iriarry
Debtor 2 (Spouse, if filing) First Name					
United States Bankruptcy Court for the Camden District of	NJ				
Case number (If known)					

Check if this is an
amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: Line from <i>Schedule A/B</i> :	\$ _____ Copy the value from <i>Schedule A/B</i>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Check only one box for each exemption.
Brief description: Line from <i>Schedule A/B</i> :	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from <i>Schedule A/B</i> :	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<i>Copy the value from Schedule A/B.</i>			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Camden</u> District of <u>NJ</u>			
Case number (If known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Internal Revenue Service

Describe the property that secures the claim:

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

\$ 121,533.60 \$ _____ \$ _____

Creditor's Name
P.O. Box 9019

Number Street
Holbrook NY.
11742-9019 State ZIP Code

unPAID. backtaxes

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2017

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 0490

2.2 U.S. Dept Higher Edu.

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name
601 Forsyth St SW

Number Street
SITE 19.
Atlanta GA 30303 State ZIP Code

Student loans

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 0490

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 33987

Additional Page**Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
---	--	--

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ 12,533.60

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ 12,533.60

**Total claims
from Part 2**

6f. Student loans

6f. \$ 33951.

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 113,264.12.

6j. Total. Add lines 6f through 6i.

6j. \$ 159,748.12.

Print

Save As...

Add Attachment

Reset

Fill in this information to identify your case:

Debtor	First Name	Middle Name	Last Name
	Clarissa	Monica	Iriarry
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Camden District of N.J.			
Case number (if known)			

Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Nissan Motor Acceptance P.O. Box 666366 Dallas Texas	New Jersey
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Additional Page if You Have More Contracts or Leases**Person or company with whom you have the contract or lease****What the contract or lease is for**

2.1

Name _____

Number Street _____

City State ZIP Code _____

2.2

Name _____

Number Street _____

City State ZIP Code _____

2.3

Name _____

Number Street _____

City State ZIP Code _____

2.4

Name _____

Number Street _____

City State ZIP Code _____

2.5

Name _____

Number Street _____

City State ZIP Code _____

2.6

Name _____

Number Street _____

City State ZIP Code _____

2.7

Name _____

Number Street _____

City State ZIP Code _____

2.8

Name _____

Number Street _____

City State ZIP Code _____

Print**Save As...****Add Attachment****Reset**

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Camden</u> District of <u>N.J.</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3

Name _____

Number Street _____

City State ZIP Code _____

CLARISSA MONICA PRESTON

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Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

3.1

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.2

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.3

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.4

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.5

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.6

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.7

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3.8

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____**Print****Save As...****Add Attachment****Reset**

Fill in this information to identify your case:

Debtor 1 (First Name)	Charissa	Middle Name	Monica	Last Name	Irazarry
Debtor 2 (Spouse, if filing) (First Name)			Middle Name	Last Name	
United States Bankruptcy Court for the: Camden District of N.J.					
Case number (If known)					

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Employer's name

Camden County Board of

Employer's address

Social Services

Number Street
600 Market St
Camden NJ
08101

City State ZIP Code

Number Street

City State ZIP Code

Employer's name

Employer's address

How long employed there?

9 yrs.

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. \$ 10,402

\$ _____

3. + \$ _____

+ \$ _____

4. \$ 10,402

\$ _____

Debtor 1

ClARRASSA MONICA Petrierry

Petrierry

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Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ <u>10,462</u>	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>1031.71</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>4,853.52</u>	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ _____	\$ _____
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ _____	\$ _____
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>4,853.52</u> + \$ _____	= \$ _____
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ _____	\$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$ <u>4,853.52</u>	\$ _____
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	First Name	Clarissa	Middle Name	Monica	Last Name	Trizarry
Debtor 2	(Spouse, if filing) First Name		Middle Name		Last Name	
United States Bankruptcy Court for the: <u>Camden</u> District of <u>N.J.</u>						
Case number (If known) _____						

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

Your expenses

4. \$ _____

4a. \$ _____

4b. \$ _____

4c. \$ _____

4d. \$ _____

Debtor 1

Clarissa Monica Trizarry

Petition Page 34 of 64

Case number (if known) _____

Your expenses**5. Additional mortgage payments for your residence, such as home equity loans**5. \$ 1200**6. Utilities:**

6a. Electricity, heat, natural gas
 6b. Water, sewer, garbage collection
 6c. Telephone, cell phone, Internet, satellite, and cable services
 6d. Other. Specify: _____

6a. \$ 100

6b. \$ _____

6c. \$ 100

6d. \$ _____

7. Food and housekeeping supplies7. \$ 200**8. Childcare and children's education costs**

8. \$ _____

9. Clothing, laundry, and dry cleaning9. \$ 100**10. Personal care products and services**10. \$ 100**11. Medical and dental expenses**11. \$ 150**12. Transportation. Include gas, maintenance, bus or train fare.**12. \$ 100

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ _____

14. Charitable contributions and religious donations

14. \$ _____

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ 70.00

15b. \$ _____

15c. \$ 150.00

15d. \$ _____

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ _____

17. Installment or lease payments:

17a. \$ _____

17b. \$ _____

17c. \$ _____

17d. \$ _____

17a. Car payments for Vehicle 1

17b. Car payments for Vehicle 2

17c. Other. Specify: _____

17d. Other. Specify: _____

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ _____

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. \$ _____

20b. \$ _____

20c. \$ _____

20d. \$ _____

20e. \$ _____

20a. Mortgages on other property

20b. Real estate taxes

20c. Property, homeowner's, or renter's insurance

20d. Maintenance, repair, and upkeep expenses

20e. Homeowner's association or condominium dues

Debtor 1

First Name Clairissa Middle Name Monica Last Name Truarry

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$ 2,250
 22b. \$ _____
 22c. \$ 2,250

23. Calculate your monthly net income.

23a. Copy line 12 (your *combined monthly income*) from Schedule I.23a. \$ 4853.52

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 2250

23c. Subtract your monthly expenses from your monthly income.

23c. \$ 2,603The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	First Name	Clarissa	Middle Name	Monica	Last Name	Irizarry
Debtor 2 (Spouse, if filing)	First Name				Middle Name	
United States Bankruptcy Court for the: Camden District of N.J						
Case number (If known)						

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1



Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 First Name	Clarissa	Middle Name	Monica	Last Name	Tirzary
Debtor 2 (Spouse, if filing) First Name		Middle Name		Last Name	
United States Bankruptcy Court for the: <u>Camden</u> District of <u>NJ</u>					
Case number (If known)					

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2
lived there lived there

207 Chestnut
Number Street
Lane
Westville NJ 08093
City State ZIP Code

From _____
To _____

Number Street
From _____
To _____

City State ZIP Code

Same as Debtor 1

From _____
To _____

Same as Debtor 1

Number Street
From _____
To _____
City State ZIP Code

Number Street
From _____
To _____
City State ZIP Code

Same as Debtor 1

From _____
To _____

Same as Debtor 1

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Clorissa Monica Trickey

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.**From January 1 of current year until the date you filed for bankruptcy:****Debtor 1****Sources of Income**

Check all that apply.

Wages, commissions, bonuses, tips
 Operating a business

**Gross Income
(before deductions and exclusions)**

\$ 4853

Debtor 2**Sources of Income**

Check all that apply.

Wages, commissions, bonuses, tips
 Operating a business

**Gross Income
(before deductions and exclusions)**

\$ _____

For last calendar year:(January 1 to December 31, 2019 YYYY)

Wages, commissions, bonuses, tips
 Operating a business

\$ 109,047

Wages, commissions, bonuses, tips
 Operating a business

\$ _____

For the calendar year before that:(January 1 to December 31, 2018 YYYY)

Wages, commissions, bonuses, tips
 Operating a business

\$ 109,047

Wages, commissions, bonuses, tips
 Operating a business

\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.**From January 1 of current year until the date you filed for bankruptcy:****Debtor 1****Sources of Income**
Describe below.

Gross Income from each source
(before deductions and exclusions)

\$ _____

\$ _____

\$ _____

\$ _____

Debtor 2**Sources of Income**
Describe below.

Gross Income from each source
(before deductions and exclusions)

\$ _____

\$ _____

\$ _____

\$ _____

Debtor 1

Narissa Monica Trillary

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1

Clissa Manica Trickey

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street		\$ _____	\$ _____	
City State ZIP Code		\$ _____	\$ _____	
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$ _____	\$ _____	
City State ZIP Code		\$ _____	\$ _____	
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1

First Name Clanissa Middle Name Monica Last Name Trizarry

Case number (if known):

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Nature of the case	Court or agency	Status of the case
		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Court Name	
	Number Street	
	City State ZIP Code	
	Court Name	
	Number Street	
	City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

Describe the property		Date	Value of the property
<p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Explain what happened</p> <ul style="list-style-type: none"> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. 			
Describe the property		Date	Value of the property
<p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Explain what happened</p> <ul style="list-style-type: none"> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. 			

Debtor 1

ClariSSA Monica Trizary

Petition Page 42 of 64

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name		Describe the action the creditor took	Date action was taken	Amount
Number	Street			\$ _____
City	State	ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1

ClariSSA MonICA Trizarry

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

\$ _____

Number Street

\$ _____

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any Insurance coverage for the loss

Date of your
loss

Value of property
lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment
made

Person Who Was Paid

\$ _____

Number Street

\$ _____

City State ZIP Code

\$ _____

Email or website address

Person Who Made the Payment, if Not You

Debtor 1

Charissa Monica Trizarry

Last Name

Petition Page 44 of 64

Case number (if known)

First Name

Middle Name

Debtor 1

Marissa Monica Trzerry

First Name Middle Name

Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX- _____

Checking

\$ _____

Number Street

Savings

City State ZIP Code

Money market

Name of Financial Institution

XXXX- _____

Brokerage

\$ _____

Number Street

Other

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name _____

No

Yes

Number Street

Number Street _____

City State ZIP Code

City State ZIP Code _____

Debtor 1

Clarissa Monica Trizerry

Petition Page 46 of 64

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Name of Storage Facility		Name	Who else has or had access to it?	Describe the contents	Do you still have it?
Number Street		Number Street			<input checked="" type="checkbox"/> No
		City State ZIP Code			<input type="checkbox"/> Yes
City	State	ZIP Code			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name		Where is the property?	Describe the property	Value
Number Street		Number Street		\$ _____
City	State	ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Name of site		Governmental unit	Environmental law, if you know it	Date of notice
Number Street		Number Street		
City	State	ZIP Code		
City	State	ZIP Code		

Debtor 1

Chasssa Monica Tillary

First Name

Middle Name

Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State	ZIP Code
City	State	ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street	
Case number	City State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Business Name	EIN: _____
Number Street	Dates business existed
City State ZIP Code	From _____ To _____
Business Name	Employer identification number Do not include Social Security number or ITIN.
Number Street	EIN: _____
City State ZIP Code	Dates business existed

Debtor 1

ClariSSA MONICA Trizerry

Petition Page 48 of 64

Case number (if known) _____

First Name Middle Name

Last Name

Business Name			Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN
Number Street			Name of accountant or bookkeeper	Dates business existed
City	State	ZIP Code	From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date Issued

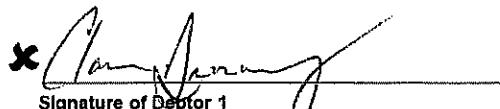
Name _____ MM / DD / YYYY

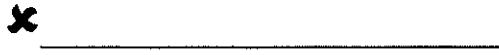
Number Street

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.


Signature of Debtor 1


Signature of Debtor 2

Date 12/30/2020

Date _____

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 First Name	Clarissa	Middle Name	Monica	Last Name	Iriarri
Debtor 2 (Spouse, if filing) First Name		Middle Name		Last Name	
United States Bankruptcy Court for the: Camden District of NJ					
Case number (If known)					

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

 Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

\$ 9,707.04 \$ _____

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ _____ \$ _____

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ _____ \$ _____

5. Net income from operating a business, profession, or farm

Debtor 1	Debtor 2
----------	----------

\$ _____ \$ _____

Gross receipts (before all deductions)

Debtor 1 Debtor 2

\$ _____ \$ _____

Ordinary and necessary operating expenses

Debtor 1 Debtor 2

\$ _____ \$ _____

- \$ _____ - \$ _____

Net monthly income from a business, profession, or farm

Copy here →

\$ 0 \$ _____

6. Net income from rental and other real property

Debtor 1 Debtor 2

\$ _____ \$ _____

Gross receipts (before all deductions)

Copy here →

\$ 0 \$ _____

Ordinary and necessary operating expenses

Debtor 1 Debtor 2

\$ _____ \$ _____

- \$ _____ - \$ _____

Net monthly income from rental or other real property

Copy here →

\$ 0 \$ _____

7. Interest, dividends, and royalties

\$ 0 \$ _____

Debtor 1

Chrissa Monica Trizarry

First Name Middle Name

Last Name

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____

\$ _____

\$ _____

For you \$ _____

For your spouse \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ _____

\$ _____

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ _____

\$ _____

+ \$ _____

+ \$ _____

Total amounts from separate pages, if any.

9702.92
Total current
monthly income

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

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Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here ➔

9702.92

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

12b.

114,184.78

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14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

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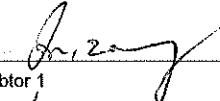
Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X 

Signature of Debtor 1

Date 12/30/2020
MM / DD / YYYY

X

Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Print

Save As...

Add Attachment

Reset

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	<u>CLARISSA</u>	<u>Monica</u>	<u>Trizarry</u>
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Camden</u> District of <u>NJ</u>		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

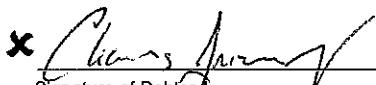
Lessor's name:

 No Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.



Signature of Debtor 1

Date 12/30/2020
MM / DD / YYYY



Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify the case:

Debtor 1 Charissa Monica Trizerry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____ First Name _____ Middle Name _____ Last Name _____

United States Bankruptcy Court for the: Camden District of N.J.

Case number _____ Chapter _____

Official Form 119

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 2. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 166.

Part 1: Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

The bankruptcy petition preparer _____ has notified me of
Name _____

any maximum allowable fee before preparing any document for filing or accepting any fee.

Charissa Trizerry
Signature of Debtor 1 acknowledging receipt of this notice

Date 12/30/2020
MM / DD / YYYY

Signature of Debtor 2 acknowledging receipt of this notice

Date _____
MM / DD / YYYY

Debtor 1

Clissa Monica Trizerry

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Declaration and Signature of the Bankruptcy Petition Preparer**Under penalty of perjury, I declare that:**

- I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
- I or my firm prepared the documents listed below and gave the debtor a copy of them and the *Notice to Debtor by Bankruptcy Petition Preparer* as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
- If rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

Printed name _____

Title, if any _____

Firm name, if it applies _____

Number _____ Street _____

City _____ State _____ ZIP Code _____ Contact phone _____

I or my firm prepared the documents checked below and the completed declaration is made a part of each document that I check:
(Check all that apply.)

<input type="checkbox"/> Voluntary Petition (Form 101)	<input type="checkbox"/> Schedule I (Form 106I)	<input type="checkbox"/> Chapter 11 Statement of Your Current Monthly Income (Form 122B)
<input type="checkbox"/> Statement About Your Social Security Numbers (Form 121)	<input type="checkbox"/> Schedule J (Form 106J)	<input type="checkbox"/> Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Form 122C-1)
<input type="checkbox"/> Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)	<input type="checkbox"/> Declaration About an Individual Debtor's Schedules (Form 106Dec)	<input type="checkbox"/> Chapter 13 Calculation of Your Disposable Income (Form 122C-2)
<input type="checkbox"/> Schedule A/B (Form 106A/B)	<input type="checkbox"/> Statement of Financial Affairs (Form 107)	<input type="checkbox"/> Application to Pay Filing Fee in Installments (Form 103A)
<input type="checkbox"/> Schedule C (Form 106C)	<input type="checkbox"/> Statement of Intention for Individuals Filing Under Chapter 7 (Form 108)	<input type="checkbox"/> Application to Have Chapter 7 Filing Fee Waived (Form 103B)
<input type="checkbox"/> Schedule D (Form 106D)	<input type="checkbox"/> Chapter 7 Statement of Your Current Monthly Income (Form 122A-1)	<input type="checkbox"/> A list of names and addresses of all creditors (creditor or mailing matrix)
<input type="checkbox"/> Schedule E/F (Form 106E/F)	<input type="checkbox"/> Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Form 122A-1Supp)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Schedule G (Form 106G)	<input type="checkbox"/> Chapter 7 Means Test Calculation (Form 122A-2)	
<input type="checkbox"/> Schedule H (Form 106H)		

Bankruptcy petition preparers must sign and give their Social Security numbers. If more than one bankruptcy petition preparer prepared the documents to which this declaration applies, the signature and Social Security number of each preparer must be provided. 11 U.S.C. § 110.

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner _____

Social Security number of person who signed _____

Date _____
MM / DD / YYYY

Printed name _____

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner _____

Social Security number of person who signed _____

Date _____
MM / DD / YYYY

Printed name _____

Harrisburg Pa. 17106 7013

Verizon wireless

61 Forsyth St SW STE. 19TH, Atlanta Ga. 30303
625327. \$ 1486.

Wells Fargo Bank.

P.O. Box 14517, Des Moines IA 50306
\$2,534

U.S. Department of Education

3965; 2564, 1147, 5155. 6,962 2534,7783
61 Forsyth St. SW STE. 19 + 40.
Atlanta Ga. 30303.

U.S. Department

the Bureaus INC

TD-Bank Target 989.00. Acct. 415658
Acct 435237. \$16.48

120 Corporate Blvd. Ste 100, Norfolk Va.
23502

\$2,659 Transworld Systems Inc. / 94 Acct 801219
P.O. Box 965005. Orlando Florida 32896

South Jersey FCU
P.O. Box. 5530 Deptford. NJ 08096.

Portfolio recovery Associates

120 Corporate Blvd. STE 100. Norfolk VA 23502
989. Acct. 604586.

Portfolio recovery Associates.
120 Corporate Blvd STE 100 norfolkVA 23502

Acct. 517805 bal. 274.

PA State Employee Credit Union.

Acct 850644.

Acct balance ~~1504~~ 3,239.

1500 Elmerton Ave. Harrisburg, PA.

Nissan Motor Acceptance.

~~38~~, 1894 bal 30,059

P. O. Box 660360 Acct 901024.

Dallas Texas 75246-0407.

Comcast Cable communication

P.O Box 57547 Jacksonville Florida bal. 799.

JPMCB. card.

ACCT. 226684.

P.O. Box Wilmington. DE 19850.

8014. Bayberry Rd.

Jacksonville Florida - 32256-7412

A Xcess FN / CNGO. Acct. 4347.

7755 Montgomery Rd st. 400

Cincinnati Oh 45236. 44,68.

Consumer Portfolio.

Acct. 400 189. 15,326.

P. O. Box 57071. Irvine Ca. 92619

Convergent Outsourcing

Acct. 687350 bal. 3990.

800 SW 39th St. Renton WA 98057.

Credit Real. USA Finance LLC.

Acct. 11314. bal. 22,590.

Discover Financial Service.

601120. 2,170.

12 Reads way New Castle Delaware
19720

EZ-pa 55 Case 20-24138-JNP Doc 12 Filed 12/30/20 Entered 01/05/21 15:21:29 Desc 1840477564
Petition Page 59 of 61

P.O. BOX 141 E-2 pass customer service center

P.O. Box 4972 Trenton, N.J. 08650
P.O. Box 4971 Trenton, N.J. 08650

JPMorgan Chase & Co. JPMCB card Services account = 424684148713

bal. 2,266. ~~stage #901024855 3620.~~

Nissan Motor Acceptance Corporation

P.O. Box 660366

Dallas, Texas 75266-0366

AT N) E-2 PGSS- ~~0620623~~ 18769.

NJ E-2 PGSS- ~~100~~ \$50.00
P.O. Box 4971 Trenton N.J. 08650

Convergent Outsourcing, Inc.
3949 N. 57th Street, Suite 100, PO. Box 9004
Milwaukee, WI 53214-9004

806 SW 39th St Suite 100. Renton, WA 98057 Acct. T-68735000 \$3,990.94

Renton, WA 98057 REC
N Jm. Insurance Group 301. Sullivan Way Trenton, NJ
08628. # F100127245. \$ 495.85

Department of the Treasury Internal Revenue Service
P.O. Box 9019 Hollsville N.Y. 11742-9019 - 2576.02
12533.60 4175.92

D
Abner, Bain Associates Acct. LTP1383
700 N. St. Mary's St. \$ 879.57
San Antonio, TX 78205.

San Antonio, TX 78205
Geico/American Bankers Insurance Company of Florida
~~23852~~ P.O. Box 979140 Miami Florida 33197-9140 1137.

Credit Collection Service

725. Canton St. Norwood, MA. 02082
Acct. 050824. 03638. bal. 13.92. 70

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Camden District of N.J.

Case number (if known): _____ Chapter _____

 Check if this is an amended filing

Official Form 105

Involuntary Petition Against an Individual

12/15

Use this form to begin a bankruptcy case against an individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against a Non-Individual* (Official Form 205). Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

Chapter 7
 Chapter 11

Part 2: Identify the Debtor

2. Debtor's full name

ClariSSA

First name

Monica

Middle name

Trizarry

Last name

Suffix (Sr., Jr., II, III)

3. Other names you know the debtor has used in the last 8 years

_____Include any assumed, married, maiden, or trade names, or *doing business as* names.

4. Only the last 4 digits of debtor's Social Security Number or federal Individual Taxpayer Identification Number (ITIN)

 Unknownxxx - xx - 0 4 9 0

OR

9 xx - xx - _____

5. Any Employer Identification Numbers (EINs) used in the last 8 years

 Unknown

EIN _____

EIN _____

Debtor

Clarissa Monica Trizarry

Case number (if known) _____

Part 3: Report About the Case

10. Venue

Check one:

Over the last 180 days before the filing of this bankruptcy, the debtor has resided, had the principal place of business, or had principal assets in this district longer than in any other district.

A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

Other reason. Explain. (See 28 U.S.C. § 1408.) _____

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

The debtor is generally not paying such debtor's debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.

Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

No

Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

13. Each petitioner's claim

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
		\$ _____
		\$ _____
		\$ _____
		Total \$ _____

If more than 3 petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's (or representative's) signature under the statement, along with the signature of the petitioner's attorney, and the information on the petitioning creditor, the petitioner's claim, the petitioner's representative, and the attorney following the format on this form.

Clarissa M Irizarry

Petition Page 63 of 64
Allies In CaringPO Box 108
Hammonton NJ 08037 609-561-8400

Company 0464	Period Begin 11/16/2020	Division THERAP
Number 16	Period End 11/30/2020	Branch
Social Security #	Check Date 12/4/2020	Department
Hire Date 1/1/2019	Check Number -99995409	Team

Sick Pay =18.00 Hours		

Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
Regular		25.00	9.00	225.00	45058.50
Regular		52.00	42.00	2184.00	0.00
Sick		0.00			1009.00
Retro Pay		0.00			50.22
		0.00			
		0.00			
		0.00			
		0.00			
		0.00			
Total Earnings		51.00		2409.00	46117.72
NET PAY		1855.88		Total Direct Deposits	1855.88

Deductions

Description	Current	Year To Date
Fed (S/1) (2409.00)	280.31	4709.90
OASDI (2409.00)	149.36	2859.31
Medicare (2409.00)	34.93	668.70
NJ (A/0) (2409.00)	78.41	1243.36
NJ-EE SDI(2409.00)	6.26	119.91
NJ-EE-FLI(2409.00)	3.85	73.80
NJ-EE-SUI(0.00)		135.00
NJ-EE-WF Dev./ SWF(0.00)		15.00
Direct Deposit 11506XXXX	1855.88	35003.81
Total Deductions	2409.00	44828.79
Check Amount	0.00	1288.93

EMPLOYEE INFORMATION

Petition Page 64 of 64

CLARISSA IRIZARRY

RATE: 35.9637 CHECK NO:

DATE: 12/02/20

NET PAY: 1334.76

PP START 11/12/20

EMPLOYEE 0000004082

PP END 11/25/20

SOCIAL SERVICES

EARNINGS HOURS	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR 70.00	2517.46	62930.02	DEFERRED COMPENSATI	50.00	1250.00
OVERTIME 9.00	485.51	1618.37	FLEXIBLE SPENDING	17.00	391.00
			CONTRIBUTORY INS SP	13.64	313.72
			MEDICAL	144.49	3323.27
			PERS CONTRIBUTION S	204.54	4704.42
			STATE FLA DISABILIT	4.80	87.26
			FEDERAL WITHHOLDING	375.05	6240.34
			MEDICARE TAX	41.20	882.07
			NEW JERSEY STATE TA	120.98	2360.46
			STATE DISABILITY	7.81	141.83
			SOCIAL SECURITY TAX	176.17	3771.71
			UNEMPLOYMENT/HLT/WR		44.13
			BACK PENSION LOAN		150.98
			COLONIAL INS.	55.73	1393.25
			US DEPARTMENT OF ED		2038.68
			PARKING CCC \$60	30.00	690.00
			PENSION LOAN DEDUCT	369.71	6842.55
			UNION DUES CWA 100%	57.09	685.08
			YTD GROSS	YTD W2 WAGES	YTD SS WAGES
			64548.39	54879.70	60834.12
					YTD M/C WAGES
					60834.12

CAMDEN COUNTY BOARD
OF SOCIAL SERVICES

PAYROLL ACCOUNT



Susquehanna

DATE 12/02/20

60-912-313

AMOUNT TO DEPOSIT

NOTIFICATION OF DEPOSIT

VOID *** VOID ***

CHECKING:	031207607	66722846	****250.00
CHECKING:	031101169	6115063810	**1,084.76

PAY
TO
 120 21 21
 CLARISSA IRIZARRY
 207 CHESTNUT LANE
 WESTVILLE, NJ 08093